



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Broughton Hospital

Please check one

☐ LRT

☐ LRTA

Broughton Hospital Recreational Therapy Internship Application

Student's Name _____
Last First Middle

Application Date: _____

Social Security Number: _____ - _____ - _____ Drivers License Number _____

Current Address _____
Street City State Zip Code

Email Address: _____

Permanent Address _____
Street City State Zip Code

Phone (____) _____ (____) _____
School Home

College/University: _____

Anticipated Date of Graduation: _____ Degree: _____

Major: _____ Minor: _____

Academic Supervisor: _____

Work Address _____
Street City State Zip Code

Phone (____) _____

Seeking internship for (check one) ☐ Spring ☐ Fall ☐ Summer

Service area preference (please indicate your top three choices for internship placement)

**Not all service areas may be available

☐ Adult Admissions ☐ Deaf Services ☐ Youth Services ☐ Geriatric Services ☐ Adult Extended Treatment

List in chronological order your work or volunteer experiences which relate to Recreational Therapy in general and to this internship specifically:

State your Goals and Objectives for your internship experience.

Please describe specific skills, accomplishments, interests, certifications which are relevant to this internship:

Please list any professional memberships:

Please indicate the number of weeks your school requires for your internship:_____

Please indicate the dates your are available for an internship, beginning with the earliest possible start date and the latest date you can be involved in an internship:_____

Please respond to the following questions and attach your written response:

How would your classmates describe you? How would your teachers/professors describe you? And what are you career goals five years from now? Ten years from now?

I certify that I have given true, accurate and complete information on this form to the best of my knowledge.

I authorize previous employers, educational institutions, professional certification boards and others to provide any information, including otherwise confidential information, requested by Broughton Hospital in its evaluation and verification of this application and of my credentials and qualifications for internship.

Signature:_____ Date:_____



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***PLEASE USE TRANSCRIPTS TO COMPLETE APPLICATION AND LIST COURSES ONLY ONCE. DO NOT LIST COURSES YOU HAVE NOT TAKEN.**

Content Area	Course Title	Course Prefix	Course Number	Course Credit
RECREATIONAL THERAPY CONTENT				
Foundations of Professional Practice				
Assessment for Therapeutic Recreation				
Therapeutic Recreation Intervention/Program Planning				
Leadership & Group Dynamics				
Helping/Counseling Skills				
Intervention Skills _____				
Intervention Skills _____				
Intervention Skills _____				
Evaluation of TR Treatment Plan				
Management of TR Services				
SUPPORTIVE CONTENT				
Health Care Organization and Delivery				
Legal Aspects of Health Care				
Human Growth and Development				
General Psychology				
Education/Cognitive Psychology				
Abnormal Psychology				
Anatomy and Physiology				
Kinesiology				
Motor Skill Learning				
Survey of Medical/Disabling Conditions				
Pharmacology				
Introduction to Recreation/Leisure Services				